

SERIAL NUMBER 09/480,747	FILING DATE 01/10/00	CLASS 455	GROUP ART UNIT 2749	ATTORNEY DOCKET NO. SILA:054
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APPLICANT

MITCHELL REID, AUSTIN, TX; TIMOTHY J. DUPUIS, AUSTIN, TX.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/145,475 07/23/99

fm

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED nonefm

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED NOTEfm

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/16/00 \*\* SMALL ENTITY \*\*

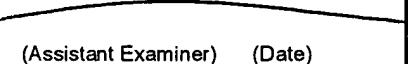
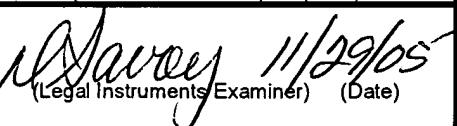
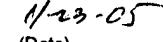
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS <u>6/12</u>	INDEPENDENT CLAIMS 5
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ADDRESS Verified and Acknowledged <u>Ben</u> Examiner's Initials <u>  </u>	RICHARD D EGAN O'KEEFE EGAN & PETERMAN 1101 CAPITAL OF TEXAS HIGHWAY SOUTH BUILDING C SUITE 200 AUSTIN TX 78746
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TITLE INTEGRATED MODEM AND LINE-ISOLATION CIRCUITRY WITH HDLC FRAMING AND ASSOCIATED METHOD
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FILING FEE RECEIVED \$657	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>Issue Classification</b> 	Application/Control No.	Applicant(s)/Patent under Reexamination
	09/480,747	REID ET AL.
	Examiner	Art Unit
	Jean B. Corrielus	2637

ISSUE CLASSIFICATION				
ORIGINAL		CROSS REFERENCE(S)		
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)	
375	220	379	399.01	
INTERNATIONAL CLASSIFICATION				
H	0	4	B	1/38
H	0	4	L	5/16
			/	
			/	
			/	
 (Assistant Examiner) (Date)  (Legal Instruments Examiner) (Date)		 Jean B. Corrielus (Primary Examiner)  11-23-05 (Date)		Total Claims Allowed: 12  O.G. Print Claim(s) 6  O.G. Print Fig. 1B and 6A

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
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